

September 17, 2019

**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

**Christina R. Ghaly, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Deputy Director, Clinical Affairs

**WORK ORDER SOLICITATION SHSMA-WOS\_IHS-003  
FOR ENHANCED EMERGENCY SHELTER PROGRAM  
ADDENDUM NO. 2**

This Addendum No. 2 to the Work Order Solicitation (WOS) for Enhanced Emergency Shelter Program revises Requirement No. 1 in Exhibit 3 – Additional Requirements of the WOS. This Addendum is posted on the Department of Health Services Contracts and Grants website at <http://cg.dhs.lacounty.gov>.

1. WOS, Exhibit 3 – Additional Requirements, is deleted in its entirety and replaced with Exhibit 3 – Additional Requirements, dated 9/17/19, attached hereto and incorporated herein by reference.

Attachment (1)

**Contracts & Grants Division**  
313 N. Figueroa Street  
6<sup>th</sup> Floor East  
Los Angeles, CA 90012

Tel: (213) 288-7819  
Fax: (213) 250-2958

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To ensure access to high-quality,  
patient-centered, cost-effective  
health care to Los Angeles County  
residents through direct services at  
DHS facilities and through  
collaboration with community and  
university partners.*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

## SUPPORTIVE AND/OR HOUSING SERVICES MASTER AGREEMENT INTERIM HOUSING SERVICES-ENHANCED EMERGENCY SHELTER PROGRAM ADDITIONAL REQUIREMENTS

Contractors shall meet the following Additional Requirements, which will be verified as follows: 1.) Documentation submission; 2.) Site visit(s) by DMH staff.

Complete the following:

1. Check yes/no for all additional requirements met and sign form.
2. Attach copies of the licenses/certificates/proof registrations marked in specific categories.
3. Contractor acknowledges and certifies that it meets all the Additional Requirements listed in Exhibit 3.

CONTRACTOR NAME

ENHANCED EMERGENCY SHELTER PROGRAM ADDRESS SITE

SERVICE AREA SITE

### Additional Requirements

Yes/No

1	<p>Contractor's proposed shelter site <b>SHALL HAVE</b> current licenses.</p> <p><b>Verification:</b> Contractor shall submit one (1) copy of each of the following:</p> <ol style="list-style-type: none"> <li>1) Business license;</li> <li>2) Los Angeles County Department of Public Health permit; and</li> <li>3) Fire clearance and/or fire permit from local Fire Department.</li> </ol> <p>Contractors copies of all required permits/licenses, certificate of occupancy and zoning maps shall clearly demonstrate the shelter site meets all required current regulations, ordinances, and zoning codes from the Department of Public Health, and the Fire Department.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Contractor <b>SHALL BE</b> available 24 hours per day and 7 days per week to respond to a mental health crisis at their proposed EESP site.</p> <p><b>Verification:</b> Contractor shall submit a copy of the Agency's policy and procedures describing their availability and response to a mental health crisis at their proposed EESP site.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<p>Contractor <b>SHALL HAVE</b> intake criteria for SED/SPMI and/or medical condition in place.</p> <p><b>Verification:</b> Contractor shall submit a copy of the Agency's policy and procedures for intake criteria.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<p>Contractor <b>SHALL HAVE</b> procedures in place for ensuring accountability for DMH resident's funds, valuables, medication, and other personal property.</p> <p><b>Verification:</b> Contractor shall submit a copy of the Agency's policy and procedure for securing residents' valuables.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

5	<p>Contractor staff <b>SHALL BE</b> trained in Cardiopulmonary Resuscitation (CPR) and First Aid.</p> <p><b>Verification:</b> Contractor shall submit copies of current and valid CPR/First Aid cards of proposed site staff.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<p>Contractor <b>SHALL HAVE</b> a valid cook(s) California Food Handler Card(s) and Certified Food Protection Manager Certificate.</p> <p><b>Verification:</b> Contractor shall provide a valid copy of the California Food Handler Card(s) and Certified Food Protection Manager Certificate.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<p>Contractor <b>SHALL HAVE</b> a commercial vehicle with valid vehicle registration and current vehicle insurance to provide transportation for clients.</p> <p><b>Verification:</b> Contractor shall submit a copy of the Agency's Transportation policy and procedures, current vehicle registration and insurance that will be used to provide transportation for clients.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<p>Contractor <b>SHALL HAVE</b> an elected city official support the EESP services where the proposed site is located.</p> <p><b>Verification:</b> Contractor SHALL PROVIDE a letter from an elected city official where the proposed site is located in support of the EESP services.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	<p>Contractor's proposed site <b>SHALL HAVE</b> visible, working and up to code smoke alarms, carbon monoxide alarms, and First Aid kits.</p> <p><b>Verification:</b> DMH will conduct a site visit prior to Work Order execution.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	<p>Contractor <b>SHALL HAVE</b> visible Disaster/Emergency Procedure and Evacuation plan.</p> <p><b>Verification:</b> Contractor shall submit a copy of the Disaster/Emergency Procedure and Evacuation plan.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<p>Contractor shall provide a safe and clean living environment with appropriate living arrangement for unaccompanied SED/SPMI TAY as stated in Exhibit 1, SOW.</p> <p><b>Verification:</b> DMH will verify during site visit.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	<p>Contractor shall demonstrate financial viability by the submission of the agency's most current and prior two (2) fiscal years (e.g., 2017 and 2016) financial statements. Statements should include the company's assets, liabilities, and net worth. At minimum, the statements should include a Balance Sheet, Statement of Income, and Statement of Cash Flows. It should be noted that depending on the nature of the submitting entity, (i.e., for-profit, non-profit, governmental), the title of these statements may differ. For example, a non-profit entity may refer to the Balance Sheet as the Statement of Financial Position. If audited statements are available, these should be submitted to meet this requirement. Income Tax Returns will not be accepted to meet this requirement. <b>DMH will verify.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

13	<p>Contractor <b>SHALL NOT HAVE</b> unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p> <p>If Contractor has unresolved costs, as referenced above provide the relevant information below. If not applicable, indicate "Not applicable" below:</p> <hr/> <hr/> <hr/> <p><b>Verification: DMH will verify.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>APPLICANT ACKNOWLEDGES THAT IF ANY FALSE, MISLEADING, INCOMPLETE, OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS SOQ MAY BE REJECTED. THE EVALUATION AND DETERMINATION IN THIS AREA SHALL BE AT THE DIRECTOR'S SOLE JUDGMENT AND HIS JUDGMENT SHALL BE FINAL.</p> <p>I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.</p>		
PREPARER'S SIGNATURE		DATE
PRINT PREPARER'S NAME	TITLE	
ADDRESS	CITY, STATE, ZIP CODE	